CV-07941-KWR-KK Document 11 SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Angelica Lopez 5 Camino del Valle Las Vegas, NM 87701	37701
245 (0845, 1414 67701	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 0710	0003 0183 7475 05-02
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete Items 1, 2, and 3. Also complete	A Signature
item 4 if Restricted Delivery is desired.	Agent Address
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delive
	013111
Article Addressed to:	D. Is delivery address different from item 1? West If YES, enter delivery address below:
1. Article Addressed to: Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233	III
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge	3. Service Type Certified Mail Registered Receipt for Merchandia
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge	3. Service Type Certified Mail Registered Insured Mail C.O.D. Restricted Delivery? (Extra Fee) No
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233	3. Service Type Certified Mail Registered Insured Mail C.O.D. Restricted Delivery? (Extra Fee) No
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233 2. Article (Trans 7004 0750 0003 88	3. Service Type Certified Mail Registered Return Receipt for Merchandia Insured Mail Restricted Delivery? (Extra Fee) 12.8
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233 2. Article (Trans 7004 0750 000 AB PS Form 3811, February 2004 Domestic F	3. Service Type Certified Mail Registered Insured Mail Restricted Delivery? (Extra Fee) 1. A DA A 5 COMPLETE THIS SECTION ON DELIVERY
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233 2. Article (Trans 7004 0750 0003 88	3. Service Type Certified Mail Registered Return Receipt for Merchandia Insured Mail Restricted Delivery? (Extra Fee) 12.8
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233 2. Article (Trans 7004 0750 0003 88 PS Form 3811, February 2004 Domestic Filter 4 if Restricted Delivery is desired. Print your name and address on the reverse in a so that we can return the card to you.	3. Service Type Certified Mail
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233 2. Article (Trans 7004 0750 0003 88 PS Form 3811, February 2004 Domestic Filters SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to: Joseph G. Ortega P.O. Box 74	If YES, enter delivery address below: No 3. Service Type Certified Mail
Estate of Elfido Lopez c/o Delvin Lopez, Personal Representative 517 N. Cambridge Gilbert, AZ 85233 2. Article (Trans 7004 0750 0003 88 PS Form 3811, February 2004 Domestic Form 3811, February 2004 Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits.	3. Service Type Certified Mail

Case 6:69-cv-	0.7941=KWR=KK Document 1.1132-2	Fled 08/15/16 Page 2 of 2
	 Complete Items 1, 2, and 3. Also complete Item 4 If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X Dowces Printed Name) B. Received by (Printed Name) Agent Addressee
20	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from them 1? 42016
	Frances Trujillo Rural Route 4, Box 220	U _{SPS} 87566
	Ohkay Owingeh, NM 87566	3. Service Type Certified Mall Registered Insured Mall C.O.D.
Bo.		4. Restricted Delivery? (Extra Fee) Yes
	2. Article Num (Transfer-fro	8818 0847 01-01
	PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X Agent Addressee
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	Anita Valdez 2913 Camino del Gusto Santa Fe, NM 87507	
	Santa 1 0, 1441 07507	3. Service Type Certified Mali Registered Insured Mali C.O.D.
-	2. Article Numi	4. Restricted Delivery? (Extra Fee) Yes
_	(Transfer fro. 7004 0750 0003	8818 0878 05-04
	PS Form 3811, February 2004 Domestic Ret	urn Recelpt 102595-02-M-1540
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X Clear Mane) B. Received by (Printed Name) C. Date of Deliyery
	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	Diana War P.O. Box 4701	
	Fairview, NM 87533	3. Service Type Certified Mail Registered Insured Mail C.O.D.
_	3.	4. Restricted Delivery? (Extra Fee)
(6)	2. Article Number 7007 0710 000	07-01 EBLO E